

Oral Hygiene

OCTOBER 1953

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In this issue: *How Do Your Patients Rate You?*

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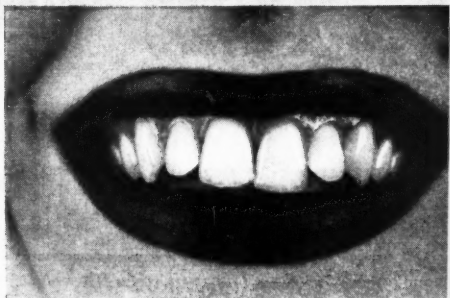
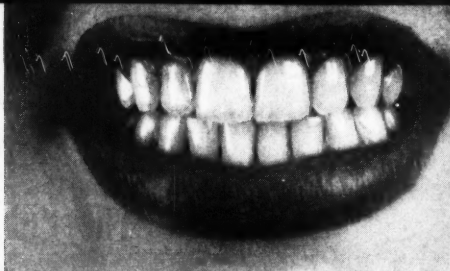


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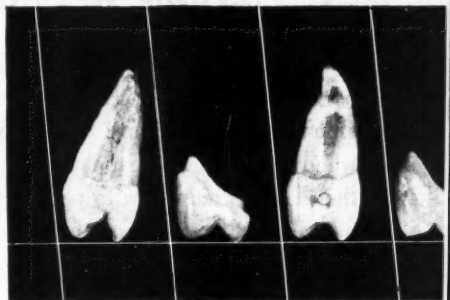
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Studies of many thousands of fractured teeth reveal the importance of the 5° buccal slope in esthetics. This illustration shows two representative fractured upper bicuspid compared with the Pilkington-Turner bicuspid. Note how closely the buccal slope follows Nature's plan.



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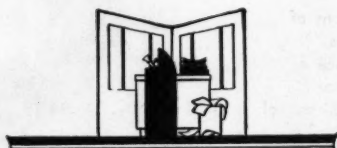
THE DENTISTS' SUPPLY COMPANY OF NEW YORK

YORK, PENNSYLVANIA

The Publisher's CORNER

By Mass

No. 387



George McCann Remembers

A WHILE AGO, an old friend of the magazine, Doctor George C. McCann of Danville, Illinois, was reminiscing about the profession's early days more than fifty years ago. He was seventeen when he started to study dentistry under a preceptor. It was then he learned "how to pack the pink so the red rubber would not show through, and how to operate the kerosene-burning vulcanizer."

George learned, too, "how to make a gold crown over a carved hickory stick. Surprising how nearly exactly those things did fit!" In the early days, too, George McCann learned to dread the reactions from cocaine. His preceptor avoided its use. "Instead, he would give the patient a teacup of whiskey (pouring it from a gallon jug), and wait for a stupor to ensue. Then, like lightning, he would whip out several teeth."

There was a religious cult in the vicinity whose members did not believe in dentistry, either as a health measure or to improve

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REFERENCES:

1. The Physiological Basis of Medical Practice. 1945, p. 486.

2. New England J. Med. 235:80, July 18, 1946.

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one's appearance. But, George remembers, "all at once, they decreed that everyone in the group should have dental care. However, they were warned by their leaders never to look into a mirror at their new gold fillings—never to admire their new dentures."

George's preceptor "took beeswax mush bites with a narrow stick pushed through the median line. This stick had been measured for the open-bite distance before he extracted the teeth. He had the reputation of making the best dentures of anyone practicing within a forty-mile radius of our town.

"I scarcely ever stepped into the office that he did not call for me to pump his foot engine." But this chore had its compensations. "Over his shoulder, I could observe every detail of the cavity preparation in which he was engaged."

George McCann remembers that "like many another professional man of that day, my preceptor was the most pompous man on the street. He featured a large handle-bar mustache, flashy clothes, highly polished shoes. He had the best horse and buggy in the village—and the prettiest wife. Sad to say, that jug of anesthetic whiskey was responsible for his ultimate downfall. Finally, he was obliged to give up practice. But he was well-heeled, so after quitting dentistry he continued to enjoy all the comforts of life." Including the jug, no doubt.

The most obliging patient George McCann recalls was an old fellow with an enormous mustache and beard. "I worried about extracting his teeth and taking impressions in the midst of this whisker jungle." The patient was given an appointment for the day following his first call. George didn't recognize him when he returned. The reason: "Uncle Jimmy had had himself shaved—completely." Too, Uncle Jimmy was "tight as a boot." The operation proceeded smoothly and, says George, "We got on famously with the plaster impressions, too."

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Picture of the Month



A STATUE of St. Apollonia, patroness of dentistry, is dedicated at Loyola University's School of Dentistry, 1751 West Harrison, Chicago, by the Very Reverend James T. Hussey (right) University President. With him at the dedication ceremony are Doctor Raymond Van Dam, President of Loyola's Dental Alumni Association, and sculptress, Patricia Watters, who carved the statue from solid oak.—*Photograph courtesy of the Chicago Sun-Times*

Ten dollars will be paid for the picture submitted and used in this department each month. Send glossy prints with return postage to ORAL HYGIENE, 708 Church Street, Evanston, Illinois.



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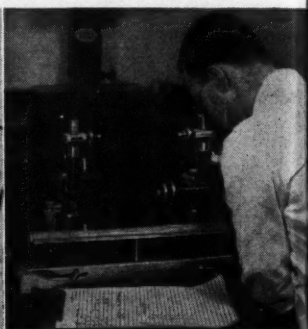
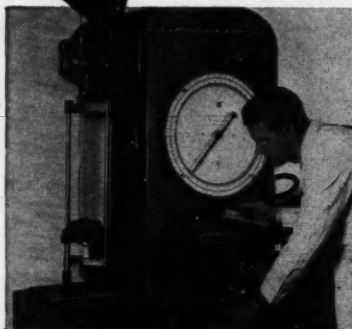
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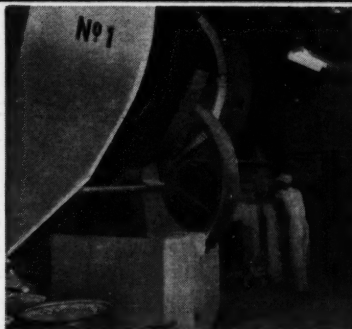
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How Do Your Patients

Rate You?

BY M. A. PATRICK

An informal quiz of your patients may give you some surprising answers.

IF THE nonexistent Association for the Defamation of Dentistry were to organize a public meeting, Mrs. Sara Smith would certainly demand time to address the assembly. With an index finger roving from one corner of her mouth to the other, Sara would show the audience six or seven teeth Doctor X marked for extraction nearly a decade ago. "But," with her proud smile she would inform the gathering, "I still have them." And before Sara seated herself, Betty Brown could be expected to suggest that the Association sponsor a drive for funds to purchase a wall clock for easy-going Doctor Doe. The listeners would be told, "A three o'clock appointment with him means you will be called into his operating room a little after four."

The unfavorable implications presented at such an unlikely meet-

ing might appear to be the products of overactive imaginations. But these characteristic complaints of laymen are based on actual experiences, and a formal protest meeting of patients is unnecessary, because these and other similar topics are being tossed about freely during conversations in many living rooms. The purpose may not be to defame dentistry, but neither are professional public relations improved during these sessions.

Unfortunately, the practicing dentists most concerned by such discussions are never within earshot when the fellow at the far corner of the room remarks to a half-dozen or more friends, "Now take Doctor Doe, for instance . . ." From this point on, truth may be stretched a little but the follow-up comments in this particular case centered about the practice of dentist Doe leaving an uncovered

case of burs near an open window. With graphic words, this observing patient pictured these burs carrying a collection of street and office dust inside a tooth. "It is just like boring a hole to plant the seed of infection," he thoughtfully assured those in the living room.

It might be assumed, from these accounts of laymen's reactions, that there is a tendency to emphasize the negative. But that is only partly true in the case of Sara Smith. During the last war, Mrs. Smith, because of some trying family conditions, suffered from what her physician described as complete nervous exhaustion. While battling to regain her health she neglected her regular dental appointments. "I just can't take it right now," she insisted, but a gnawing ache finally forced a decision. Instead of returning to her regular dentist, she called on a man who had practiced for years in an office close to her home. On the second visit, Mrs. Smith was informed that six or seven teeth should be extracted. Shocked by the disclosure, Sara asked, "Do you mean I will have to wear a partial denture?" The practitioner nodded affirmatively as the surprised woman announced, "I would like to think this over for a day or so."

But that afternoon Sara Smith hurried to her former dentist to learn if he believed anything could be done to "save" the teeth. Without asking or being told the name

of the practitioner who had suggested the extractions, the second dentist simply suggested "Well, let us see what we can do."

Excessive Charges

It is not the intention of this discussion to pass upon the diagnosis made by the individual men even though, today, nearly ten years after extractions were recommended, Sara can say with complete honesty, "I still have them, and my physical condition has grown progressively better." The second dentist, incidentally, has nine patients who now call regularly for appointments, because of interest developed by Mrs. Smith's experience. The names of two of these patients were formerly in the appointment book of this practitioner who suggested that Sara Smith was due for a partial denture.

When patients ask themselves or friends, "Why do dentists do it?" their questions frequently concern charges made for professional services. A salesman, for instance, recently told his regular dentist of his experience with an out-of-town practitioner. He was spending a month at his company's plant when a restoration clasp caused him some discomfort and prompted a visit to a local dentist. The difficulty was then corrected promptly and effectively, but the charge for the work staggered the patient. His home-town dentist made no comment until the sales-

man left the office, when he immediately retold the story to his dentist son in an adjoining office. "If we could scale our fees up to that bracket," the younger man exclaimed, "we would double our income and could call it a day, every day at noon." According to these two practitioners' estimate of the charge, it was 300 per cent above what they would bill for a similar operation.

Probably no lasting harm would result if this salesman-patient limited his mistrust to the dentist who had made the excessive charge. But when telling co-workers of the fee he added, "Dentistry is certainly a profitable racket." It would require considerable explaining to convince him that the charge made in his case permitted a profit margin not common in the dental field.

In an eastern dental college a practicing dentist, who teaches part-time, makes this theme the subject of a once-a-year talk to his students. "Like race and class hatreds," he explains, "entire groups suffer because of the actions of unthinking individuals." From this point he carries the embryo dentists through a description of specific instances, which have tended to build false impressions in the public mind, regarding dentistry and its practitioners. If this professor knew of Betty Brown's dentist—the one who lacks a wall clock—he would certainly devote a few minutes to

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ORAL HYGIENE AWARD

This article by M. A. PATRICK, has won the \$100 ORAL HYGIENE award for the best feature published this month.

★ ★ ★ ★ ★ ★ ★ ★

discussing the value of an appointment book in regulating the arrival and departure of patients. "A dentist's reception room," he probably would tell his class, "should be as uncluttered as the desk of an efficient executive."

Of course, the situations recorded here do not apply in your own practice. Or do they? When thinking along these lines, one curious dentist decided he would like to know what patients thought of his operating methods, so he planned a few questions purposely phrased to permit those asked to exclude "present company." In his informal quiz, directed toward an occasional man or woman in his chair, he asked, "What do you like most about a dental office?" or "What do you like least about a dental office?" The patients have cooperated by replying as though they had another dentist in mind, but the opinions expressed have uncovered some fascinating facts that appear to have recognizable application. This is a cost-free plan that quickly provides the answer to the question, "Why do you do it, doctor?"

1007 North 64th Street
Philadelphia 31, Pennsylvania



Keeping That Well-Trained Assistant Happy

BY ERNEST W. FAIR

Remember that your office staff has financial problems, ambitions, and sensitivity similar to your own.

"I HAD the shock of my life last week," a dentist friend said the other day, "when my assistant told me she was leaving and I tried to find someone to take her place.

"Exactly five people were interviewed before I gave up and realized it was extremely difficult to find a competent person these days. I knew, then, I was going to have to do something about keeping my assistant, and do it fast."

This dentist's solution was to raise her salary \$50 a month and offer her a share of the net profit of the practice at the end of each business year. The plan kept the assistant, but it added costly overhead.

Any reader who believes it is easy to find a well-trained assistant today has only to look around and try to do so. It will take only a few weeks to reveal how few adequately trained persons, with a willingness to work and the necessary pleasing personality, are available. You have to take preventive steps to avoid having this same problem confront you. An employee who is content and happy will have little desire to change jobs.

I have checked several score situations of this nature to see what employers have done to keep

trained assistants satisfied with their working conditions; positions paralleling, as well as including, those in your particular field. I have asked employers what they have done to keep job satisfaction high. In the paragraphs to follow, you will find the steps most often recommended.

Assure good living standards: No other factor will send intelligent and versatile young persons looking for another job or another field for their talents quicker than finding themselves subjected to living standards inferior to those of others in the community. The compensations in white-collar jobs sometimes justify slight differences, but not major ones.

Any dentist is dollars ahead paying the best possible wages his practice can afford. But sometimes this calls for aid of another sort, such as finding better housing for the employee and his family, helping them make social contacts that will mean more friends and better living conditions, as well as increased pay.

Money, by itself, is not the medium that keeps assistants content. What they are able to obtain in living standards within the community for that money is the important factor.

Give the job variety: Your own lives have a great deal of variety in them and you soon lose all consideration of how important this element is to job contentment. Far too many dental assistants spend

all of their time in tiny cubby holes doing painstaking work hour after hour. That can become terrifically monotonous and build up to a pressure that explodes without warning.

Planning the work to be done so that no one person is subjected to continuous monotony every day of the year, will help to prevent this from happening. An occasional change of surroundings, a few moments spent at some other job, even a fifteen-minute coffee break—all of these monotony eliminators will relieve tension.

Show future prospects: A good employee has ambition; a person without it is seldom of much value to an employer. If your assistant can see nothing in the distant future except doing the same job over and over, she can hardly be blamed for becoming dissatisfied.

Every dentist will find it to his advantage to show the people on his staff the future possibilities in their work. You discuss such things at your conventions. You read about them in your professional magazines. Yet how often do you bother to tell the people on your staff what you have learned?

Make the job pleasant: Too often you are inclined to drift into a state of mind which totally ignores those on your staff or how they may feel toward their jobs. The duties of everyone on the staff need regular examining. Sometimes it even pays to have an out-

side friend or a trained consultant come in and give your entire system a thorough analysis.

The mere fact that one dentist never bothered to say "Good Morning" to his receptionist each day soon became a thing of such momentous importance to her that imagination had built up many other faults not existing in her employer. Yet he had never considered this one amenity of any importance.

When you have a tranquil atmosphere in which to work, your employer is a "nice guy," and your physical working conditions are pleasant, then any one of you is much less likely to start thinking about greener pastures.

Salary increase: It is difficult to convince an employee there is a big future for her in a place where she has had little demonstration of its possibilities in the past. The assistant who has been with you for a long time and received little or no increase in salary, cannot be blamed for taking a dim view of the desirability of her position.

Where pay raises come without being requested (even though they may be small) an employee has much more interest in her position and more faith in its future than when raises are given grudgingly and only after numerous requests. Consider the difference—the confident, satisfied inflection in the voice of an employee who says, "I got another salary raise last

week—and you know something? I didn't have to ask for it!"

Help them acquire professional status: The "professional" recognition given even your office receptionist over the status of a sales girl or a stenographer in an ordinary business office is something that means a great deal to her. It applies equally well to a laboratory assistant or anyone else within your group. Making them aware of this prestige may keep them from seeking a future elsewhere.

Build personal attachment: It is a natural human trait to stay where you make personal attachments. It is just as natural for you to want to escape when it is obvious no one cares whether or not you stay and there is a complete lack of personal attachment or feeling present.

A little flattery is helpful: An expression of appreciation for even the smallest extra contribution beyond routine duty, a moment spent in exchanging small talk and asking members of the staff for their opinions on something of importance—these are all little steps that show you value them at a level beyond mere "tools" with which you make money.

The practice of these measures is your assurance that you have neglected nothing in making the position of your valued assistant more interesting and attractive. Others should also be included but they will manifest themselves in daily practice. These are the basic

essentials that have been proved important over a long period of time and will be equally important in the future.

Training an efficient member of your staff is a difficult and costly procedure. It cannot be done overnight and sometimes it is nearly impossible to find the proper ma-

terial with which to work. Applying the measures suggested here is your assurance that you will avoid trying experiences and have more competent, dependable personnel.

Box 780
Bristow, Oklahoma

THE COVER

THIS MONTH'S cover picture of a building constructed in the 18th century by Jean Lebranche at the corner of Royal and St. Peter Streets in New Orleans, shows an intricate iron lace work design of oak leaves and acorns, one of the many patterns found on the balconies of the historic Vieux Carre. The famous gateway of the South will be host to the Sixth Annual New Orleans Dental Conference to be held November 8 to 11, 1953, in the Roosevelt Hotel. Delegates from many states are expected, as well as from Latin American Dental Associations, which have been invited to send representatives to this important scientific congress. For information about the program and hotel reservations, please write to: New Orleans Dental Conference, 2213 South Carrollton Avenue, New Orleans 18, Louisiana.—*Photograph by Leon Trice.*

UNIVERSITY OF OREGON PLANS NEW DENTAL SCHOOL BUILDING

A NEW dental school building is in prospect for the University of Oregon. At its last session, the Oregon Legislature appropriated \$2,200,000 for construction of the building, which is to be located on the campus that now provides for the University of Oregon Medical Hospitals and Clinics. This amount is exclusive of the additional equipment needed for the new building. The first two floors of the structure will be devoted to undergraduate, postgraduate, and graduate clinics, together with the dental hygiene clinic, according to Doctor Harold J. Noyes, Dean of the Dental School. An artist's drawing of the proposed structure also shows a five-story tower, which will house the technical and science laboratories, research and other facilities. A passageway will connect the dental school building with the new teaching hospital that is now under construction and, through the hospital, with the outpatient clinic of the University of Oregon Medical School. Construction will begin on the dental building early in 1954. It is hoped that it will be ready for occupancy late in the summer of 1956.



It Is Never Too Early to Plan for Retirement

BY SIDNEY SCOTT ROSS

WE ALL know the dentist who says emphatically, "I want to keep on working until I die 'with my boots on.'" We can understand this, if the dentist is active, busy, and engrossed in his chosen profession, and has no outside hobbies or interests. This man usually dislikes to discuss the subject of retirement. To him, retirement connotes unhappiness, boredom and inactivity, reduced income, poor health, being useless and unwanted, and just waiting to die.

Retirement need not entail these dismal attributes. On the contrary, successful retirement means living a new life, a second career! Here is your opportunity of using your newly found freedom to do the things you *really* want to do.

Even though you are a busy, successful dentist you may be

forced to retire suddenly because of accident or illness. Retirement under these circumstances may prove a deep psychologic shock.

It is therefore wise for you to do some serious, constructive thinking about retirement plans *now*—yes, even if you are now in your forties or fifties.

Financial security in your retirement years is an extremely important problem. Again, the time to think about retirement finances is long before you are ready to retire.

Make some calculations now regarding the total amount of income you will have available for living expenses when you retire. Add up income from your savings, investments, life insurance, annuities, real estate, and any other sources. Then estimate how much you and your wife will require for living expenses when you retire.

Financial security and a new life are rewards that come to the dentist who prepares intelligently for his later years.

When making these rough estimates, keep in mind that your expenses will be reduced drastically in your later years. It may no longer be necessary for you to support your parents, or your children, now grown up. Income tax payments will go down sharply. Your tastes and wants will be simpler; you will not have to entertain so lavishly or to continue to put up a "big front."

Your life insurance program should be scrutinized carefully when you are ready for retirement. With the children self supporting, not as much protection will then be necessary. You can either reduce the amount of insurance in force; or you can convert your present insurance into fully paid-up insurance for a smaller face amount with no further premium payments. Have your insurance adviser or counselor help you with your insurance problems.

To increase prudently the income you derive from your investments is the job of your financial adviser. If your capital is in the form of bank deposits, United States Saving Bonds, and securities—and the total is \$100,000 or more—consider employing the services of an *investment counsel firm*. Your

banker or broker can help you find a reliable, reputable, experienced firm; preferably one which is a member of a recognized investment counsel association. Such a firm will supervise your capital on a personalized, professional basis. The usual annual fee is one-half of one per cent of your total capital, and the service is worth every penny, especially during declining securities markets. (Incidentally, this fee is a deductible item on your income tax.)

If your total capital is less than \$100,000, you may still receive professional supervision by purchasing shares of *mutual funds*. This subject is treated fully in a previous article, *THE PROFESSIONAL MAN & HIS MONEY*.¹

Many dentists may be surprised to learn that *under certain conditions* they may qualify for Social Security, and thus increase their income on retirement.

Under the present law, dentists who are self employed are not eligible for Social Security. You might, however, qualify for Social Security based on earnings outside of your professional self-employment income. These benefits range from \$25 to \$85 a month with an additional one-half for your wife.

Many dentists do have Social Security coverage of which they are unaware. It may be World War II military service, earnings

¹Ross, S. S.: *The Professional Man and His Money*, Oral Hygiene 43:340 (March) 1953.

as a silent partner in an outside business venture, employment as a part-time instructor in certain colleges and universities, director's fees, paid part-time offices in various organizations or other small sources of earned income.

Since the range of these pos-

sibilities varies so widely, it is best to consult with your nearest Social Security field office for specific details regarding your case.

3070 Hull Avenue
New York 67, New York

WHAT DOES YOUR PATIENT THINK ABOUT?

WHILE WE are intent as dentists in performing the best mechanical procedures, our patients, with their mouths open, and unable to communicate, are forced to reflect. Thought processes go on continuously, and generally quite vividly. The dental patient will be continually stimulated by thoughts of the appearance of the dental tray, the lighting, the condition of our equipment, the view, interruptions, the dentist's manner, his fingers, his nails, the slightest clumsiness, the sound of air jets, nozzles, self-awareness of tension, the position of the headrest, the elevating and lowering of the dental chair, the peculiar position of the dentist as he works in various parts of the mouth, the white gown, and the patient's own localized sensations, such as salivation and his taste. It is almost impossible for the patient not to have heightened self-awareness while dental treatment is going on.—MAURICE R. FRIEND, M.D. *The New York Journal of Dentistry*.

GIES' MESSAGE TO DENTISTS

ON THE occasion of his 81st birthday, William J. Gies, Ph. D., noted scholar, scientist, and friend of dentistry, directed the following message to all dentists:

"Be grateful and happy that you are among the accredited servants and benefactors of mankind. In your daily progress, follow impulses and leadership that express, in integrity, fidelity, service, and lofty purposes, the finest that is in you, individually and professionally."

GOOD WILL

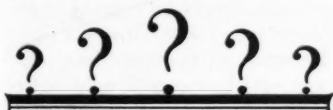
"PHYSICIANS cannot buy good will—we must earn it. Most of us realize that if every one of us were to deal in a kindly, friendly and considerate way with every one of his patients, the ill-will would quickly vanish and in a few months there would be no trouble."—WALTER C. ALVAREZ, M.D.

So You Know

Something

About

DENTISTRY!



QUIZ CIX

1. The (a) lower first permanent molar, (b) upper permanent cuspid, (c) upper first permanent molar, has the most devious course to travel from its point of origin to full occlusion. _____
2. Are subluxations usually accompanied by cracking sounds or snapping of the joint? _____
3. True or false? With resins, the reflection and refraction of light rays more closely approximate those of human enamel than with silicate

cement restorations. _____

4. As a person grows older, does the thickness of the cementum (a) remain the same, (b) increase, (c) decrease? _____
5. Name two ultra-short derivatives of barbital when used in therapeutic dosage. _____
6. Which of the following are absorbable when used as sutures? (a) silk, (b) cotton, (c) stainless steel. _____
7. Why is a periapical roentgenogram of an impacted upper anterior tooth likely to be misleading? _____
8. True or false? The presence of a tumor in the neck is an indication for an immediate search for the primary lesion in the oral cavity and head. _____
9. What causes much of the tarnish which occurs on amalgam restorations? _____
10. Retention of the mandibular denture is largely dependent on (a) the impression, (b) the periphery of the denture. _____

FOR CORRECT ANSWERS SEE PAGE 1378



It is wise to make a detailed survey of the condition of the building, tenants, and surroundings before you commit yourself.

BY STUART COVINGTON

WILL A change of offices prove to be a change for the worse? It might be, if, in contemplating a new location, the dentist fails to recognize the numerous factors that require consideration when a move is being studied. A change of location often can mean improved business if: (1) present quarters are overpriced or inadequate; (2) space is available at a more prosperous location; (3) a new location can be obtained in a large office building having no dental offices; and, (4) more attractive facilities are available for a reasonable sum. However, the disadvant-

ages of a change of offices may outweigh the advantages.

For example, compare the location you are considering with your present one. Is it equally desirable in every way? Do nearby offices in the other building create as much traffic as those where you are now located? True, the dentist, unlike the retail merchant, does not depend upon passers-by for his income, but a steady stream of persons passing his office door naturally offers a greater opportunity for enlarging his practice. Physicians obviously make good neighbors, because people will often decide to have physical and oral check-ups on the same day.

Employment agencies and insurance companies also attract a wide variety of clients. Government offices are profitable, because their employees are well paid and normally possess good health habits.

Here are some points to keep in mind when planning a change of location:

Will the new location prove distasteful to patients? A second-rate loan broker on the same floor as the dentist's office will attract a class of persons who may make the dentist's location uninviting to patients and prospective patients. Doctor John Doe moved into new offices several doors from a pawnbroker's office. A few weeks later a "drunk," who had visited the pawnbroker, wandered into Doctor Doe's reception room, frightening three of his women patients.

The office next to Doctor Doe's was vacant when he moved in. A month later a dance studio opened for business. The attendant din created by the piano and pupils, not only annoyed Doctor Doe's patients, but made the dentist's telephone conversations difficult, and proved wearing on his nerves. It is wise not to pick a location where co-tenants are unstable. However, Doctor Doe would have fared little better had he selected another location offered to him. Here, part of the space on that floor was consigned to business and the other half served as residences. The dentist who moved in was accused by the other tenants of ruining their radio reception with the vibration

of his dental engine. In addition, two young boys in an apartment kept the floor in a constant uproar.

The dentist should also avoid as neighbors, lawyers who are known or believed to be shysters; gymnasiums; certain types of schools; or business or professional men who appear to be unscrupulous. By the same token, a noisy restaurant, bar, or pool hall on the ground floor of the building or close at hand will prove irritating to both dentist and patients during months when windows of the reception room and dental office are open.

Exterior appearance: The outward appearance of the building may strongly influence prospective patients, particularly women. A dilapidated, shabby exterior, obviously in need of paint or repair, is likely to convey the impression that the tenants, like its front, are not of the best. A prospective patient who reaches this conclusion might hesitate to consult a dentist who seemingly is not especially prosperous; he will also hesitate to recommend such a practitioner to his family or friends.

Building service: Proper janitor and elevator service is important in creating good public relations. A reception room that has not been swept thoroughly, dusty furniture, grimy light fixtures and unemployed ash trays, all influence the patient's opinion of the dentist, although these factors cannot be controlled fully by him. Should the janitor be lazy or inefficient, his

shortcomings may be reflected in the progress of the dentist's practice. For a proper patient-dentist relationship, it is also necessary to have a janitor who can be depended upon to keep the offices at a comfortable temperature during winter, and who will make necessary repairs to the office promptly and correctly. Information concerning the janitor service should be obtained from the other tenants in the building. A careful inspection of the corridors and lobby will also be helpful in determining the quality of the service.

Although a minor feature, the dentist will do well to compare the elevator service in his present location with that in the building he is considering. Should the number of elevators in the building he has under study, be less than the number at his present location, although the building's traffic appears equal, it will be wise for the dentist to add this disadvantage to the total number of adverse factors he has found in that location. A long wait for an elevator does not improve the disposition of a tired business man. It will prove still more trying for a patient who has just undergone an extraction and is anxious to reach home.

Cost of move: Unless he checks carefully in advance, the dentist may discover that the cost of preparing his new quarters for use has made his move entirely too expensive. A sufficient number of convenient outlets may be lacking in the new offices. Lighting for the

reception room may require supplementation, necessitating additional wiring as well as the expense of new fixtures. The present wiring system may prove inadequate to handle the load of the dentist's equipment, requiring an additional cash outlay. The furniture from his former reception room may not blend well with the color scheme of the present reception room, and new furnishings will prove the only remedy.

Walls and floor coverings can yield valuable clues as to the desirability of the room. A close examination of walls and woodwork may reveal chipped and peeling paint—a warning that redecoration will be required in the not too distant future. If cracks and badly worn areas are found in the floor covering, replacement will probably be necessary before many months have passed. Discoloration of the walls may be an indication that the building is excessively damp. Fingerprints and smudges are accurate testimony of the character of the former tenants, and are pretty conclusive evidence that the landlord is not too particular about his tenants.

Living conditions: Are the offices properly and easily heated and cooled? Reception rooms that are chilly or stuffy in winter, sultry in summer, are damaging to even the most thriving practice. For a firsthand check on the "weather conditions" in the offices he is considering, the dentist should go, if possible, to the for-

mer tenant. Failing this, he should query tenants of offices on the same floor, obtaining an exact account, if possible, of conditions in the offices at various times of the year. As a supplementary check, a good look should be taken at the radiators. If they are outmoded and in need of paint, they probably do not function properly either and will give too much or too little heat.

It is true that no amount of investigation can assure a successful change of location, but a careful analysis of the various factors connected with the move can eliminate much of the guesswork from a decision, which may influence largely the dentist's professional future.

1407 College Street
Columbus, Mississippi

WRONG DENTIST EXTRACTS GOOD TEETH

THE ERROR of a 12-year-old girl who entered the wrong dentist's office cost her two teeth, according to her parents who have filed a \$100,000 law suit against the dentist who extracted them. In the suit, the plaintiffs declared that they sent their daughter to a certain dentist for the treatment of two teeth. Instead, their daughter went to another dentist who immediately extracted the teeth. Both dentists have offices on the same floor of the same building in a Midwestern city.

OPPOSITION

WHATEVER I may say is instantly disputed or discarded by my opponent. But the patient is no opponent. He is a wretched creature begging for help. He insists on help, he clamors for it, protests he "would do anything to get it." If he is not my opponent why does he oppose me so vehemently? If he is ready to "do anything to get help" why does he not do that "little something" I ask for: to drop his pessimistic and accept my optimistic view? Views are thoughts and can be dropped, other views can be adopted in their place. If that can be done why does the patient refuse to do it?—*Mental Health*, ABRAHAM A. LOW, M.D.

FOR SOCIAL SECURITY

THE CLASS of 1923 of the College of Dental and Oral Surgery of Columbia University met for celebration of its 30th Anniversary and resolved that its members are in favor of including dentists in Social Security, by a vote of eighty for and seven against.

Objections That Retard Successful Practice



BY LEO B. DILLON, D.D.S.

DURING A cursory examination, the Reverend Grouch winced when I approached him with a well-warmed mouth mirror taken from the sterilizer at my right. His silent attitude puzzled me during his initial appointment. The next day his referrer was in my office, inquiring as to how I liked Reverend Grouch. I had to admit that, although I liked him fine, I feared he was not too favorably impressed with me. She laughed and explained that he objected strenuously to having a mirror filled with dead germs from my sterilizer thrust into his mouth. Then we *really* laughed. During his remaining appointments I had my assistant place a glass of hot water on the bracket table and we got along famously.

This illustrates how some of our mannerisms, innocent though they may seem to us, may be objectionable to our patients. I should have asked Reverend Grouch if anything was hurting him, or if I could make him more comfortable. Always be in tune with your patient's mental attitude. In case of a clash, find out the cause and correct it immediately. Do not let the irritating mannerisms of the patient affect you either.

Objection to price has to be faced, whether it is a single service or a case presentation. Now in a case presentation, the problem is more easily solved. Ascertain whether the patient is comparing your recommended mode of service to another identical plan, making sure he understands that there can be other less costly plans and

To achieve greater satisfaction in your work, study the human element—your own annoying mannerisms and those of your patients.

some plans that cost more. Ask him to weigh the problem as a whole, taking into consideration restored health, comfort, and appearance as the final results to be attained. You may submit more than one plan if you desire, outlining the advantages and limitations of each.

Conclude your discussion by telling the patient you are sorry he feels the price is too high as there are certain services that must be given to enable him to preserve his health. Point out that in thinking of the initial cost—the outlay—he is overlooking the reward. Tell him he is still young and should live another twenty years at least. Over a period of twenty years, the difference between perfect health and half health would be worth many thousands of dollars to him. The price of \$300 is insignificant when he thinks what it will be worth to him to enjoy complete health. You can suggest he figure it this way: \$300 over a period of twenty years is \$15 a year, which is a small price to pay for improved health. Impress upon him the importance of saving his teeth, rather than a few dollars.

It seems incredible that, in this progressive age, objections to the

use of gold in inlays, cast crowns, or veneer crowns, still prevail. Inform Mrs. Prospect that you are in complete accord with her dislike of gold restorations, which are conspicuous. Point out to her that, in present-day dentistry, it is unnecessary for anything to be offensive to the eye. Natural porcelain and other restorative materials defy detection by even the most observant and discriminating. These modern materials are used in all restorations, which are visible to the eyes of others. Ask Mrs. Prospect if she has any objections to gold, other than its offensive appearance when used in the wrong places. If the patient has a deep-seated prejudice against gold besides its appearance, and the use of other materials will not interfere vitally with satisfactory results, comply with her wishes and use other materials. If no prejudice is present, proceed further in your efforts to overcome her objections. Dispel them tactfully, courteously, and patiently. Respect her thoughts, regardless of how absurd they may seem. Continue by telling Mrs. Prospect that, except for the inadvisability of using gold where it is offensive in appearance, it has many advantages over other materials that can be used in restorations. It is the best metal tolerated by the tissues of the mouth, has the least reaction to the fluids of the mouth, and can be superbly contoured and molded to the surfaces of the teeth.

Point out the dark grey, unnatural appearance of the tooth under discussion. Tell your patient that, had the restoration been of gold, the tooth would have retained its natural appearance, would be as healthy looking, and inviting to the eye as on the day the tooth was restored. Too, from a health and sanitary point of view, gold is superior, appearance is better, and gives more lasting service.

Teeth Not Replaced

Consider how many patients have missing teeth that are unreplaced because of objections unanswered by the dentist. For example, the patient may object to a stationary bridge. Weave an interesting story about the serious consequences of the missing tooth or teeth. Tell what the replacement will do toward the prevention of dental disease and good mastication. Present this information promptly, before the patient voices determined objections to a stationary bridge. The patient may feel that the dentist has to mutilate two of her good teeth to make the bridge secure, and that shortly one or both teeth will be lost, and the bridge will have to be lengthened, setting up a vicious circle in her mouth. She says that is what happened to her husband!

Continuing my discussion with Mrs. Prospect, I would tell her that there is a bare possibility of such developments, but the serious consequences, resulting from the

unreplaced missing tooth are an absolute certainty. In my experience and observation stationary bridges, properly constructed and given ordinary home care by the patient, have given satisfactory service for many years. Like some sound, natural teeth young patients lose early in life, these teeth that are the support of bridges may be lost eventually. After all, the human element enters into everything. Years of observation and experience have shown the wisdom of placing stationary bridges where the span is short and the teeth to be used for the support have the crown and root strength to take care of the additional load. These bridges will function well in mastication. They will prevent further drifting of the teeth. They will hold the jaws in proper relationship, thereby preventing further collapsing of the face. The facial muscles will be held at their proper length and fullness, preventing hollow cheeks, sagging muscles and old age wrinkles. I tell Mrs. Prospect that damage to teeth will be the extreme exception rather than the rule.

Unless some unforeseen circumstance arises over which we have no control, a bridge, with normal care in the future by the patient and the dentist, should last for many years. It should function well both as an aid to efficient mastication and a preventive of dental defects.

We must remember also that pa-

tients suffer from inadequate mastication, poor digestion, and premature old age, because of inability on the part of the dentist to meet the objection to removable bridges. Anticipate such objection, and try to offset it before it occurs. Tell a story that is apropos about the evils that will result from missing teeth. Show the patient convincingly the benefits of an immediate replacement. Lead up gradually and cautiously to your plans for the replacement and watch the reactions of the patient.

Sometimes the patient expresses a desire to stay as she is, until she loses all her teeth and can have dentures—all because she fears that removable bridgework will damage her teeth, and encourage caries. When she voices this fear, I tell her of our plan to help her retain her remaining natural teeth in a better state of health for a longer period of time instead of neglecting her teeth as she is now doing.

It may be that Mrs. Prospect has had or heard of such an unfortunate experience. However, you as-

sure her that, since she is a person of understanding and broad-minded, you are sure she would not consider that the result of one case would be applicable to all; otherwise, dentists would never place a removable bridge in any mouth. All mouths are individual and are different, all dentists are different; and each has success according to the personal method and design he follows.

Conclusions:

Analyze each case in detail.

Promise only what you know you can deliver.

Know thyself, especially that part of your personality that irritates your patients.

Make an earnest effort to correct these defects.

Develop a sense of humor toward the irritating defects of your patients.

Listen to the objections voiced by the patient for every service you render and, as time passes, improve your answers to these objections.

916 Woodward Building
Birmingham, Alabama

WHEN YOU CHANGE YOUR ADDRESS

WHEN YOU change your address, please always furnish your old address as well as the new one. If your post office has zoned your city, the zone number should be included. Please send address change promptly to ORAL HYGIENE, 1005 Liberty Avenue, Pittsburgh 22, Pennsylvania.

export
was light, contribu-
general weakness in grain.

At Chicago, wheat was off
to 7% cents; corn off 3/4 to 1 1/2
cents; oats off 1/2 to 3/4 cent; t.
rye off 1 1/4 to 2 cents; soy beans
off 1 1/4 to 2% cents; lard futures
off 13 to up 2 points.

An Investment Formula Market Averages

STOCKS—TODAY

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Dividends

Alum Castles 12 1/2 % Q. Sept 15 Sept 1

do pf \$1.50 Q. Aug 31 July 31

Carson Pirie 4 1/2 % Q. Sept 1 Aug

\$1.12 1/2 Q. Sept 25 Sept

Central Ill Lt 55c Q. Oct 1 Sep

do 4 1/2 % pf \$1.12 1/2 Q. Sept 1 Au

Clausener Hosiery 25c Q. Sept 1 A

Colo Central Pow 28c Q. Sept 1 A

Cribbens Sexton pf 28 1/2 c Q. Sept 1

Diamond Alkali 37 1/2 c Q. Sept 1

do pf \$1.10 Q. Sept 1

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BY JOHN Y. BEATY

By careful planning and diversification, a dentist can protect and control his investment income.

MANY WHO have invested in common stocks are inclined to become emotional when the prices of these stocks fluctuate widely. It is a temptation to become excited if the prices of the stocks you own are going up, and it is just as much of a temptation to become depressed if the prices are going down. These undesirable emotional reactions may be avoided, and the returns from investments may be controlled by setting up a formula and an investment schedule.

There are many ways of wording a formula but most satisfactory formulas designed to produce reliable returns, would read somewhat as follows:

Diversify: Select securities issued by old companies with a reliable history, those which produce essential products—and make purchases systematically.

Diversification means that not only stocks of different companies would be owned but that money would be invested in different ways. A definite amount would be in savings accounts; another definite amount in government bonds; perhaps some in rental real estate; some in mortgages; some in industrial bonds; some in preferred stocks; some in common stocks; and possibly some in notes,

although this last item is not usually a desirable investment for an individual.

While it is true that many people invest in only one of these items, experience of thousands of investors shows that it is much wiser to diversify in several different ways. Diversify by types of securities, by types of products manufactured by the companies to avoid loss.

While it is true that there are cases in which old companies have disintegrated and discontinued their business, the age of a corporation is one criterion as to the probable continuation of earnings. However, it should not be used as the only criterion. If the company has a good history of earnings and, if it is producing an essential product which has a continuing demand, you can feel rather confident in purchasing its bonds or stocks.

For example, it is not likely that Sears Roebuck & Company, an old, well-established firm specializing in essential products, is going to deteriorate and decline in its earnings. American Telephone & Telegraph Company, the outstanding investment opportunity from a point of view of continued and reliable earnings, is supplying a service that is in increasing demand, and it is unlikely with our present standards that this demand will decline. Consolidated Edison and other utility companies are likely to continue making reasonable profits for a long time

to come. Bethlehem Steel, Firestone Tire & Rubber Company, General Motors, United States Steel—all these are old companies producing an essential product with a good history. In fact, the market for these products seems to be increasing.

It is true, of course, that you will probably have to pay more for these old reliable securities and may have to be satisfied with a slightly lower net return; nevertheless, the returns are satisfactory and the average should perhaps be considered adequate.

Diversified Investments

While each individual should work out his own diversification schedule, each one might well include such items as the following:

1. Savings Account—one-half yearly expense
2. Checking Account—twice amount of monthly expense
3. Insurance—five times yearly income
4. Home—five times yearly income
5. Rental Real Estate—5 per cent of invested funds
6. Mortgages—5 per cent of invested funds
7. Bonds—60 per cent of invested funds
8. Stocks (preferred)—20 per cent of invested funds
9. Common Stocks—10 per cent invested funds
10. Notes (Personal or business loans)—none

LIST OF COMMON STOCKS

Corporation	Recent price per share	Current Dividend
Sears Roebuck & Company	\$ 52.50	\$2.75
Creamery Package Manufacturing Company	22.50	1.20
Nicholson File	39.50	3.00
Plymouth Cordage	57.50	4.40
American Telephone & Telegraph	153.00	9.00
Consolidated Edison	30.50	1.70
Bethlehem Steel	47.00	4.10
Cluett Peabody	31.00	3.00
Container Corporation	35.13	2.75
Firestone Tire & Rubber Company	91.50	5.00
General Motors Corporation	46.38	6.00
United States Steel Company	37.75	3.45

This list is given, *not as a recommendation*, but merely as an illustration of how such a schedule might look. I have tested some of these items in my own situation and found them to be good, but any of them might be entirely inadequate for someone else. For instance, in deciding on one-half of my yearly expense for the savings account deposit, I have in mind the immediate availability of funds in case of need, or in case of an unusual opportunity.

An Investment Schedule

If you are going to work out a definite investment program for yourself, it is wise to consider carefully all phases of your needs and your income and try to set up a definite amount which will be used for investments every month. It may not be wise in some cases to invest these funds at the end of

each month. That will depend upon the amount and on some other factors. However, it is wise to set them aside and to agree definitely with yourself that you will invest \$100, \$200, \$300, or whatever you feel you can afford every 30 days. As an illustration of a background for such a schedule, here is a list of common stocks that I compiled some months ago, which shows the price at the time I prepared the list and the current dividends. Let me emphasize that *the accompanying list is not given as a recommendation* but merely as an illustration, and also the prices are not necessarily current prices but are those which existed at the time the table was made.

It was my belief at the time I made this table that these corporations were of the old successful type, which would continue manufacturing essential products for an

indefinite period. By having this memorandum of prices and dividends, I could then make several computations to help me decide on a schedule of purchases.

As a rule, it is better not to purchase one stock at a time and so, for that reason, unless you have a fairly good amount to invest each month, it might be better to invest every two or every three months. Or, if you are carefully watching the market, you may discover a favorable time when it might be wise to take some money from your savings account balance to add to your accumulated investment funds.

In using this table, it is easy to determine how many stocks and which stocks to buy in any one month. However, diversification must be kept in mind continually so that you will not make all of your investments in one or two corporations. If you had only \$200 available, let us say, you might decide to buy six shares of Consolidated Edison, or you might decide to buy one share of American T & T. It is obvious that, when you refer to the current dividend, you see that the investment in American T & T will yield you a fair rate, even though the one share cost more than five shares of Consolidated Edison. On the other hand, if you already own several shares of American T & T, you might decide to buy four shares of Sears Roebuck or of some other corporation on the list.

Diversification as to corporation may be judged in two or three different ways. You might diversify by having approximately the same amount of dollars invested in each of several firms or you might diversify by having approximately the same number of shares in each of several firms. Also, you might justify the purchase of more of American T & T than of some of the others to begin with, or you might be justified in purchasing Consolidated Edison because you could get more shares for less money. From the point of view of diversification, the thing to watch is overbuying of any one or two corporation stocks. Of course, the principles being discussed would apply to preferred stock and to bonds in the same way.

Another use you can make of the list reproduced here is to think in terms of desired income. With American T & T yielding \$9 a year (and it seems likely that this will continue), you might be tempted to say to yourself, "I'd like to have a guaranteed income when I retire of \$9,000 a year. Therefore, I'll invest all of my money in American T & T until I get 1,000 shares."

No one can say that this might not work out as you had hoped. Nevertheless, you would be neglecting diversification.

On the other hand, you might compute the rate of return based on cost of shares and decide on some other one security. If you

do this, you should warn yourself again that you are neglecting diversification.

With diversification in mind, you might add the dividends of ten stocks or of the twelve stocks listed, herewith, and multiply the total of those dividends by the number that would give you the income you would like to have in the future. This number would then tell you the number of stocks you would need to own of each corporation in order to expect the total income you have in mind. In doing this, of course, you will take into consideration the possibility of changes in dividends.

American Telephone & Telegraph has been consistent in its \$9 dividend, but some of the others vary from time to time according to earnings. Dividends are declared by directors. They are not necessarily computed every year as a specific amount of earnings. The directors of a certain corporation might reduce dividends in order to retain some earnings to build a new plant or for some other reason. Dividends on common stocks are not guaranteed. If you are dealing with preferred stocks, you have a guarantee.

*Wee Thistlebrae Farm
Crystal Lake, Illinois*

"DENTAL HYGIENE AS A CAREER"

RAY A. MILLER, Ph.D., Dean of Fairleigh Dickinson College, Rutherford, New Jersey, has written a book of interest to young women entitled *DENTAL HYGIENE AS A CAREER*. Doctor Miller describes in detail the work of dental hygienists in dental offices, public schools, hospital clinics, public health, industrial clinics, dental health education, and federal institutions. He lists the qualifications needed for a dental hygienist's success, the demand for her services, salaries and opportunities for advancement, education and training, and other pertinent information. The 66-page book was published recently by Fairleigh Dickinson College Press, Rutherford, New Jersey.

SELF-DISCIPLINE

SELF-DISCIPLINE, which insists that temper is the outcome of an inner arrogance, sets itself up as judge as to who is right and who is wrong. This arrogance is due to the sense of one's own importance and cannot be overcome unless the sense of humor is cultivated to the point where humility, plainness and averageness take the place of arrogance, exceptionality and self-importance.—ABRAHAM A. LOW, M.D.



Military Dependent Care Questioned*

An Air Force Reserve Officer describes his experience in treating dependents of military personnel.

THE NATIONAL Emergency Medical Service leaves something to be desired, according to at least one physician who has spent three years at an Air Force base in this country.

According to Doctor X, most of the physicians in the ASTP-VI2 group joined one branch or another of the military service, under direct threat of draft, only to wind up spending most of their time caring for civilian dependents. "We were drafted from civilian life," he writes, "to care, under the inefficient thumb of the Service, for civilians."

And he makes the point that the

civilians cared for are not mainly the dependents of lowly Pfc's or corporals. Men at this level, he states, are often not married, or have not yet started to rear a family. Privates and corporals are discouraged from marrying, he points out, until they are full sergeants, by being required to obtain the Commanding Officer's permission for marriage, and by inability to move household goods from one station to another at the expense of the service. As a result, 80 per cent of the "doctor" hours spent on care of dependents are for dependents of personnel ranking as master sergeant or higher. "And an M/Sgt., on flying status, and with ten years in the service, makes about what I do and can afford some prepaid medical expense program!

"As chief of our outpatient dependent service for two years, my work has been 90 per cent or more

*From *G.P.*, Published by the American Academy of General Practice, Kansas City, Missouri.

on civilian dependents," continues Doctor X. "We have had two pediatricians and two to four OB-Gyn men here, whose time has been devoted almost 100 per cent to dependent care. A conservative estimate at our base indicates that 80 per cent of all doctor-man-hours are spent on civilian dependents. From communications and conversations I have had with medical officers at other bases, this situation seems to be commonplace."

Questions Figures

Doctor X doubts the accuracy of figures given out by military authorities on frequency of dependent care in the services. "In a recent *Journal of the American Medical Association*, there was some talk of 10 per cent of the physician's time being devoted to dependent care. At our base last year, the inspecting parties recommended on paper that only one physician be assigned to dependent care. That month, more than 700 children were seen by the pediatricians, over 400 general medical adult dependents were treated, and, in addition, 74 deliveries and more than 700 OB-Gyn outpatients were handled. In addition, almost 2000 prescriptions were filled for dependents in that same month. Thus, it is with great reluctance that I accept any figures the service may give on dependent vs. military care.

"The American Medical Association recently sent me some figures on dependent care, furnished, ap-

parently, by the United States Air Force. These figures indicate that the entire Air Force department load is only about ten times as great as what we had at one small wing base!

"As a corollary of this 'feast and famine' attitude," he concludes, "it should be pointed out that a civilian medical shortage has been created, with dearth of civilian physicians creating a clamor for socialized medicine. An excess of military physicians, plus the service policy of giving all available care to dependents at little or no cost to the individual, has sold thousands on the idea of socialized medicine. So, hundreds of young physicians like myself have been forced by circumstances into selling socialized medicine.

"The question of the moral obligation of the country to furnish free military medical care to service dependents has many facets. We do not feel it is necessary to feed these dependents if they are hungry, or to clothe them if they are cold. Of course there are parts of the world where dependent medical care would be unavailable if it were not supplied by the military. But I feel that even in these spots, total medical care need not be absolutely free. It has been found that charging a fee of fifty cents for each pharmacy visit, regardless of number or expense of prescriptions, causes a rapid reduction, to the extent of 50 per cent, in the number of prescriptions filled."



Dentists in the NEWS

New York (New York) Times: A documentary film of an eight-month safari between Cape Town and Kampola, Africa, made by a dentist and his wife, Doctor and Mrs. William B. Treutle, 937½ Broadway, Tacoma, Washington, will be distributed by Matt Freed Productions under the title "Karamoja." This unusual color film depicts the life of the Karamojan, tribal descendants of Ham, son of Noah, who are said to live at the level of an iron age civilization.

Another expedition to South Africa was made this year for scientific purposes. Doctor Leonard S. Fosdick, Professor of Chemistry at Northwestern University's Dental School, recently made a survey of the dental health of natives in the Bechuanaland Protectorate. The Native Department of the Union of South Africa, the Council of Scientific and Industrial Research of South Africa, and the Commissioner of Bechuanaland were among the sponsors of this biochemical study. While in South Africa, Doctor Fosdick also spoke on the subject of dental caries before the South African Dental Congress at Johannesburg, addressed the South African Periodontology Society, and delivered a series of lectures at the University of Witwatersrand Dental School.

Long Beach (California) Independent-Press-Telegram: Chef of the Week in Long Beach recently was Doctor Walter J. Furie, 1113 Security Building, a past president of the Third District Dental Society, of the Pacific Coast Society of Orthodontists, Southern Section, and of Long Beach Branch of American

Academy of Applied Nutrition. A graduate of the Chicago College of Dental Surgery, he has practiced in California since 1922. Doctor Furie, who has a special recipe for "All-Meat Burgers," believes that tiredness is a penalty of malnutrition. "People who are well nourished are alive, vital and enjoy living." Here is the recipe he highly recommends:

"Have your butcher grind the required amount of beef, including ten to twenty per cent of liver, heart, kidneys, sweetbreads and, perhaps, tripe. Divide into generous patties for freezing compartment. Salt and pepper to taste and cook medium to rare.

"Serve with a quart of milk, colorful vegetables and fresh fruit. When fresh fruit and vegetables are not available, quick-frozen are a good substitute."

New York (New York) Times: Since World War II the co-operative nursery school, a new development in education, has made mothers part-time teachers and principals, and fathers school handymen and fiscal agents. In Levittown, Long Island, the local chapter of the American Association of University Women established a co-operative nursery school in a local church. Doctor Charles Hughes, 821 Franklin Avenue, Garden City, Long Island, a dentist and a skilled home carpenter, was enlisted as head of the maintenance committee. He recalls: "We certainly had a lot to learn. We started by visiting the Garden City Co-op to see what fathers might be expected to build—like make-believe stoves, sinks and screens. Then we called up all the wives to see what talents they thought their husbands had.

Then we began utilizing everybody's talents."

Building large storage cabinets for equipment was one of his committee's most urgent problems, because the men could work in the church only a limited number of hours. Despite handicaps, the school opened only a month after work began.

Des Moines (Iowa) Sunday Register: Open house for the public was held by Doctor and Mrs. Alvin Miller of Charles City, Iowa, after completion of their new home which overlooks the Cedar River and a city park. The house, which was designed by Frank Lloyd Wright, is L-shaped and located at the crest of three levels of terrain. The Millers spent five years filling, grading, and doing exterior stone work before construction began last year. The river-front area includes a stone dock and boat harbor, flanked by a picnic area. This is fitted with a large fireplace, built-in stone seats and table. Walks are of flagstone. Doctor Miller and his son, William, who practices dentistry with his father, made the cabinets and furniture for the home.

Charleston (West Virginia) Gazette: Doctor A. L. Barbour, 541½ Camden Road, Huntington, recently turned detective when his alertness resulted in arrest of three men who robbed a supermarket. From the window of his apartment, Doctor Barbour noted the license plate number of a car parked in a peculiar way near the store and called police who apprehended the men and recovered the stolen money.

Los Angeles (California) Times: A 50,000-mile globe-circling air trip was completed in three and one-half months by Doctor and Mrs. Earl Pound. A member of the postgraduate division of the University of Southern California, Doctor Pound lectured in nine foreign countries, including Italy, South Africa,

Japan, the Philippine Islands, Australia, and China. Of the countries he visited, Doctor Pound found Italy and Japan in the best general condition. He is a former dental surgeon for the United States Navy and has spent part of every year since 1949 carrying the story of modern American dentistry to the rest of the world. Previous lecture tours have taken him to Canada, Brazil, and Argentina.

Allentown (Pennsylvania) Morning Call: Doctor Harold T. Frendt recently returned from a four-month visit to Alaska and intends to create a "Little Alaska" in Carbon County, Pennsylvania.

More than 600 acres of ground have been purchased by the 37-year-old dentist in the Unionville area. He pointed out that climate there is similar to that in Alaska.

"It will be more Alaskan than Alaska itself. The old Alaska is gradually fading and being replaced by modern cities and towns," Doctor Fendt commented at his "Little Alaska Kennels. He plans for his dream to materialize in about three years and has placed orders with Alaskan Indians and Eskimos to trap a pair of each kind of animal native to the country. The animals will be brought to Unionville where Doctor Fendt will set them up in surroundings complete with totem poles and Indian huts. One of his hobbies is the raising of pure-bred Siberian huskies.

While in Alaska he served with the Alaska Native Service.

Memphis (Tennessee) Commercial Appeal: For services in conducting a postgraduate dental seminar in eight Tennessee cities this summer, Doctor Albert C. Richards of Ann Arbor, Michigan, and Doctor John W. Geller of 704 Bankers Trust Building, Indianapolis, Indiana, were awarded plaques by the Tennessee State Dental Associa-

tion and Tennessee Department of Public Health, which co-sponsored the clinics on dental roentgenography. Doctor Walter C. Sandusky Jr., chair-

man of the Memphis sessions, and Doctor Carl L. Sebelius of Nashville, State Director of the seminar, presented the plaques.

Awards for items submitted for this month's **DENTISTS IN THE NEWS** have been sent to:

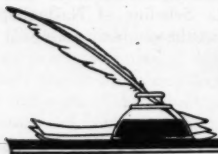
Vera Davis, 536 Orange Avenue, Long Beach 12, California
Mrs. S. W. Gibson, 2681 Amboy Road, Staten Island 6, New York
Mrs. Mary Moles, 1513 Grosscup Avenue, Dunbar, West Virginia
Miss J. Mesha, 1931 North Hamlin Avenue, Chicago 47, Illinois
Harriett B. Gruber, Box 129, Sac City, Iowa
Nancy Herring, 449 Lafayette Street, Jackson, Tennessee
Glad Lee, P.O. Box 5327, Los Angeles, California
M. B. Newman, D.D.S., 1410 Morris Avenue, New York 56, New York
Elmer E. Holmes, 313 W. Ridge Street, Lansford, Pennsylvania

CAN YOU USE A DOLLAR?

TO EVERY READER who contributes a newsworthy item, something unusual about a dentist, *which is published in Dentists in the News*, we will send promptly a crisp, new one-dollar bill. Every clipping must be taken from a newspaper and carry the name of the publication and the date line. Clippings submitted cannot be returned. When more than one copy of a clipping is submitted, the first one received will be used. Send all items to *Dentists in the News*, ORAL HYGIENE, 708 Church Street, Evanston, Illinois.

DENTAL CURES, THE COMMUNIST WAY

"DOCTOR JESSE JAMES, a dentist friend, has a little bulletin posted in his office which he reads when he's so busy he gets grumpy. It is a story about nationalized medicine as practiced in Communist Poland and quotes a new regulation issued to dentists: 'If, after three visits, there is still work to be done, no further appointments are allowed. *Either the patient must have the offending tooth extracted before then, or he is to be discharged as cured!*'"—Hy Gardner, *Washington, D.C., Post*.



EDITORIAL COMMENT

"Give me the liberty to know, to utter, and to argue freely according to my conscience above all liberties." John Milton

THE DENTIST AND HIS PUBLIC RELATIONS

AN ENTERPRISING study among 214 medical office personnel revealed the causes of complaints that are most frequently heard in physicians offices and the things that disturb the good nature of the workers themselves. Virtually the same complaints are heard from dental patients, and dental assistants have the same kind of annoyances as do their medical office counterparts.

There were twice as many complaints about not being able to see the physician on time as there were complaints about fees.

Lack of explanation for delay, difficulty in getting an appointment, and forgetfulness on the part of the physician, were also listed among the complaints of patients.

Dentists may not be as remiss in keeping patients waiting as are physicians, but dentists have a bad enough reputation in this regard. We are disposed to look upon our time as our most valuable commodity. The patient has the same belief about his time. Dentists are inclined to have a higher regard for the time of their men patients than they do for the time of their women and children patients. This is an attitude that is not good for healthful public relations. No one likes to waste time in the reception room of a dentist despite the comfort and decor of the room. More anxieties are created by long waits in an outer room than develop in the operating room. Here is the breeding ground of irritations and heated tempers, as well as all anxieties. These emotional upsets endanger relaxation on the part of the patient. The tense and angry patient is not amenable to successful dental treatment.

Closely related to delay is the irritation that comes from difficulty in getting an appointment. We may think that we are impressing the patient with our overwhelming popularity when we inform him that appointments are only available weeks in advance. Actually we are making no such favorable impression. People in distress wish to have immediate

attention. People who are not in distress want attention as soon as they have made the decision to ask for an appointment.

Forgetfulness on our part is disastrous to cordial interpersonal relations. To forget a name, to forget a symptom or a treatment, to forget anything about a patient, is to court disaster. Although a patient himself may be hazy about the time an inlay was made or a denture constructed or a restoration placed, he tolerates no such indifference to detail from the dentist. Anything as intimately a part of one's ego as is body tissue, has significant value to the patient, and he expects his dentist to share this feeling of importance. For the dentist to forget a detail of treatment even after years is a grievous fault in the eyes of the patient.

Among the complaints listed by medical secretaries and assistants, and presumably shared by dental office personnel, were: pacifying patients, arranging appointments agreeably, the time consumed in bookkeeping and billing, frequent telephone calls. Some also said that hours were too long and irregular, the pay was inadequate for the work and the responsibility, and that there were no provisions made for pensions upon retirement.

Within the past twenty-five years, there has developed an intense interest among businessmen in the value of friendly public relations. Even the old "soulless" corporations and austere banks and insurance companies have found that people must be appealed to as human beings if they are to be developed into steady and pleased customers. The old piratical notion "the public be damned" died with another era. Corporations delegate some of their most capable executives to the public relations department and support them with sufficient funds to do a sustained job in making people feel favorable toward the business and its products.

The dentist cannot hire a public relations consultant to improve his interpersonal affairs. He must do the work himself. The more he knows about the nature and the behavior of human beings, the better able he will be to understand and to manage his patients and his practice. Over the years the publication of information on these human subjects has been one of the objectives of this magazine.

Edward J. Ayer



TECHNIQUE of the Month

Conducted by **W. EARLE CRAIG, D.D.S.**

Drawings by **Dorothy Sterling**

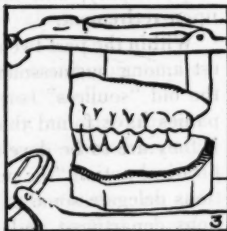
Construction of a Full Denture Against Natural Uppers



Take an alginate impression of the lower.



Make a base-plate. Have a good roll on the periphery to insure strength.



Take the bite in the usual manner. Mount on articulator. Set up the teeth.



Try in the lower against the natural uppers. Correct articulation.



Muscle-trim the base-plate to obtain proper muscle clearance.



Correct the impression in the base-plate by using impression wax.

Q

ASK Oral Hygiene

A

Please communicate directly with the department Editors, V. Clyde Smedley, D.D.S., and George R. Warner, M.D., D.D.S., 1206 Republic Building, Denver, Colorado, enclosing postage for a personal reply.

High Pressure Syringe

Q.—About 18 months or two years ago, I read a pamphlet concerned with the development of a syringe used to inject solutions, such as penicillin, into muscle tissue, utilizing high pressure or stream force to penetrate the tissue. The apparatus might be compared with a toy water gun in principle, but evidently great pressure was produced by a spring or springs.

According to the article, the syringe would be on the market within a year, but since it has not made its appearance, I suppose difficulty was encountered.

Since I have misplaced or lost the pamphlet, could you please send me the name of the company or individuals responsible for the development of this syringe?—J.C.B., Texas.

A.—I am advised by a physician's supply company that the high pressure syringe, that was described rather widely a year or so ago, proved to have too many defects in it to be put on the market. Whether it will be developed into a useful addition to the physician's armamentarium remains to be seen.—GEORGE R. WARNER.

Decalcification

Q.—An elderly patient of mine is experiencing decalcification of the anterior ridge of her edentulous mouth. The ridge is so soft that when she bites, it rolls up and the pressure causes pain. The decalcifying is progressive and is continuing further back. As a cushion against the

sharp edges, I relieved the denture. I advised her to use plenty of denture powder.

What can be done for her case?—C.J.M., Iowa.

A.—In most cases, we cut off pendulous soft tissue ridges and thus provide a good, hard ridge against which a denture is usually well stabilized. Also, in such cases, we step up the patient's intake of calcium, and trace minerals.—GEORGE R. WARNER.

Cavity Preparation

Q.—What is your opinion as to whether a cavity preparation should be sterilized before restoration? What kind of solution do you recommend for sterilizing?—J. L. L., Illinois.

A.—I have asked the opinion of several thorough, conscientious dentists, who insert a great many restorations, and I find that they differ in their opinions and practice in this regard. Some use thymol, others alcohol, others phenol followed by alcohol, one an aqueous, another an alcohol solution of mercitan, and others use the Gottlieb impregnation solution.

The Gottlieb impregnation sounds best to me, for with it you are not only assured of sterilization, but also desensitization of

sensitive severed dentinal tubuli. With this method the freshly prepared cavity is bathed first with 40 per cent zinc chloride, followed by 20 per cent potassium ferrocyanide. Excess precipitation is wiped out with water on a pledget of cotton; the margins are freshly cut with a chisel or bur, except when the restoration is an inlay.—
V. CLYDE SMEDLEY.

Allergy

Q.—I have a patient I suspect is allergic to acrylic materials. Before making dentures for her, I should like to know for certain that she is not subject to this allergy. Please tell me how to make such a test. Thank you for this information.—S. E. C., New Mexico.

A.—To test for acrylic allergy, simply attach a freshly cut surface of the acrylic to a protected surface of the skin with adhesive tape and allow it to remain for several days. Another test is to continue to place some of the acrylic in contact with the membrane in the mouth, either by inserting a section into an old denture, or by making and inserting a temporary base plate.

You will find that the patients who are allergic to one of the ADA approved dental acrylics properly cured are rare.—V. CLYDE SMEDLEY.

Anesthetic Injections

Q.—Lately I have had some difficulty with my inferior alveolar injections. One problem is the difficulty of piercing the overlying mucosa; and then I meet further resistance, as though going

through thick muscle fibers. Some trismus sometimes follows.

I have been using 28-gauge needles. Do needles have to be sharpened when they are first taken from the vial? How can I be certain to avoid trismus by not traumatizing the muscle fibers? Should much pressure be necessary to pierce the mucosa beginning the injection? Any help or suggestions you may offer will be greatly appreciated.—S. W. L., New York.

A.—The oral surgeon in our group uses a 30-gauge needle, and injects slowly to minimize discomfort to the patient.

If you are meeting muscle or other tissue resistance on the insertion of the needle, you should review your anatomic land marks and the correct injection procedure. If you will direct a request to the Novol Company, they will send you Doctor Mendel Nevin's technique for nerve block anesthesia and you can depend upon its accuracy.—V. CLYDE SMEDLEY.

Early Eruption of Teeth

Q.—I have a rather unusual case. A 6-week-old infant, who is cutting upper posterior teeth. The baby is suffering no ill effects, but the mother is quite concerned about dentition at this early age. What is the usual treatment and care for an infant whose teeth begin to erupt at 6 weeks of age? Your opinion and suggestions will be appreciated.—O. R. N., North Dakota.

A.—As you know, there is an occasional case in which teeth are found to be erupted at birth. I have seen some of these cases in which the full development of the teeth eventuated without any complications. So, in your case, it

WERNET DENTAL LORE

OCTOBER 1953

Dentists in the English-speaking world were not "dentists" prior to 1600, but referred to themselves as "operators for the teeth". The term "dentist" (shortened from the French "chirurgien dentiste") came into use only about 1622. . . .

It may be said that dentistry really came of age in the U.S.A. in 1921, with the publication of the first volume of the Index of Dental Literature, which opened this vast treasure house of knowledge for more ready reference. . . .

"Phenomenal" is the only word to describe the multiplication of dental laboratories during the past half century. Around 1890, 8500 dentists on the average had to share each laboratory. Today there's one lab for each 13 dentists! . . .

The trend of prosthetic objectives, away from merely cosmetic considerations, to those of health and function, was given strong impetus in 1911 by William Hunter. At that time he denounced American dentistry with the assertion that "Gold fillings, gold caps, gold bridges, gold crowns, fixed dentures, built in, on and around diseased teeth form a veritable mausoleum of gold over a mass of sepsis to which there is no parallel in the whole realm of medicine or surgery." . . .

One man's opinion of dentistry, as expressed by the physician Giovanni di Vigo (1460-1520): "For the extraction of teeth there is needed a practical man, and therefore, many medical and surgical authorities expressed an opinion that this operation should be left to expert barbers and to itinerant quacks who operated in public places." It's hard to realize that this could have been said only 500 years ago! . . .

Gum karaya is as mysterious and interesting a product as the land of India which is its sole source. It is one of the water-soluble gums which has "neither melting point nor freezing point nor boiling point characteristics". Its chief chemical constituent is the galactan gelose. This forms the basis of Wernet's Powder.

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Please send me professional samples of Wernet's Powder.

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City _____ Zone _____ State _____

hands!



would seem that there is nothing to worry about unless a pathologic change takes place in the crowns. In this event, treatment with ammoniated silver nitrate is indicated and usually preserves the teeth until the normal time to lose them.—GEORGE R. WARNER.

SO YOU KNOW SOMETHING ABOUT DENTISTRY!

ANSWERS TO QUIZ CIX

(See page 1351 for questions)

1. (b) upper cuspid. (Dewel, B. F.: Upper Cuspid: Its Development and Impaction, *Angle Orthodontist* 17:80 [April] 1949)
2. Yes. (Schweitzer, J. M.: Oral Rehabilitation, St. Louis, C. V. Mosby Company, 1951, page 198)
3. True. (Grossman, L. I.: Handbook of Dental Practice, ed. 2, Philadelphia, Lippincott, 1952, page 343)
4. (b) increases. (Goldman, H. M.: Periodontia, ed. 2., St. Louis, C. V. Mosby Company, 1949, page 36)
5. Hexobarbital and thiopental. (Accepted Dental Remedies, ed. 18, American Dental Association, 1953, page 21)
6. None is absorbable. (Blair, V. P. and Ivy, R. H.: Essentials of Oral Surgery, ed. 4, St. Louis, C. V. Mosby Company, 1951, page 57)
7. Because of the palatal vault curvature and the necessarily acute vertical angulation employed. (Mathews, G. W.: Localizing Anterior Maxillary Impactions, *Dental Radiography and Photography* 25:21 [No. 2] 1952)
8. True. (Sarnat, B. G. and Schour, Isaac: Oral and Facial Cancer, Chicago, The Year Book Publishers, 1950, page 41)
9. Probably the formation of sulphides by reaction with hydrogen sulphite and oxygen. (Kilpatrick, H. C.: Elimination of Factors Affecting the Finish of Amalgam Restorations, *DENTAL DIGEST* 57:401 [September] 1951)
10. (a) and (b). (Tuckfield, W. J.: Problem of the Mandibular Denture, *Dental Journal of Australia* 23:340 [September-October] 1951)



Feather-like margins
are safest when cast
in Ney's finest bridge gold
NEY-ORO B-2

Ney-Oro A-1
for Inlays

Ney-Oro B-2
for Bridges

Ney-Oro G-3
for Partial





LAFFODONTIA

Father: "I can see right through that girl's intrigue."

Son: "I know, Pop, but they all dress that way nowadays."

Someone remarked the other day that a debutante is just a young tomato with lots of lettuce.

President: "Where's the cashier?"

Manager: "Gone to the races."

President: "Gone to the races in business hours?"

Manager: "Yes, sir, it's his last chance of making the books balance."

Artist: "Now, here's a picture—one of my best, too—I've just finished. When I started out I had no idea what it was going to be."

Friend: "After you got through, how did you find out what it was?"

"Papa, there's a woman peddler at the door."

"Tell him to beat it. I got one too many already."

A canny Scot was engaged in an argument with the conductor as to whether the fare was to be five or ten cents. Finally the disgusted conductor picked up the Scot's suitcase and tossed it off the train just as they were crossing a long bridge. It landed with a mighty splash.

"Hoot, Mon!" screamed Sandy, "First you try to rob me and now you've drowned my little boy!"

"Daddy, couldn't we buy a better house? John wants to marry me but he doesn't like this location."

"What makes you look so pale and sad?" an older friend asked the romantic boy.

"It's terrible," confessed the youth. "She's the most wonderful girl in the world. And finally—I got up enough courage to ask her to marry me, and she refused."

"Cheer up!" said the friend. "A woman's 'no' may often turn out to be 'yes'."

"I know," said the youth mournfully. "But this one didn't say 'no.' She said 'Aw, phooey!'"

A Hollywood luminary, testifying in a minor breach of contract case, was asked to identify himself.

"I am the world's greatest actor," he told the court with simple dignity.

One of his friends chided him next day:

"Don't you think that boost you gave yourself was a little too thick?"

"Usually I avoid any kind of self-praise," said the film idol, "but remember, this time they had me under oath."

"So your married life was very unhappy. What was the trouble? December married to May?"

"Lan' sakes, no. It was Labor Day married to de Day o' Rest."

Yachtsman: "If this storm continues I'll have to heave to."

Seasick Passenger: "What a horrid way of putting it."

"My wife has just run away with a man in my car!"

"Great Scott man! Not your new car!"